

COCHRAN FELLOWSHIP PROGRAM 2018 APPLICATION FORM

(NOTE: PLEASE TYPE)

****** APPLICATION AND ATTACHMENTS MUST BE IN ENGLISH *******

I. PERSONAL INFORMATION	COMPLETED APPLICATION SHOULD INCLUDE
Name	□ 2 Letters of Recommendation
Name: Given Name	□ 2 Photographs
(Name must correspond exactly with passport or travel documents)	Photocopies of Passports (front page only)
Date of Birth:	0, 10, 11, 67, 11
Date of Birth: (Day / Month / Year) e.g., 03/March/1970	 Signed Conditions of Training
City of Birth:	 Medical Clearance Documentation (upon acceptance into the program)
Country of Birth:	
Country of Citizenship:	□ Signed Photo Consent Form
Have you ever applied for U.S. Citizenship: Yes No	
Home Address:	MALE FEMALE
# Street	(Home Telephone)
	(Nome relephone)
Town or City	(Personal Mobile Telephone)
Country and Post Code	(Personal Email Address)
II. CURRENT EMPLOYMENT:	
	Dates of Employment
Title or Position	From: To: Present
Organization/Company	
Organization, company	Work Telephone
# Street	Fax
Town or City	Work Mobile Telephone
Country and Post Code	Work Fmail Address
	WOLK FILMLAUMESS

III. PROPOSED PROGRAM:

A)	detailed descri	ption of the training		ou want to study? (It is important to give a se this information to design your training	
B)			Please list name, addresom you already have cont	ss, and telephone number of professionals in your tact.	٢
Name	2		Name	Name	_
Title _			Title	Title	
Comp	oany		Company	Company	
Addre	ess		Address	Adress	
Telep	hone		Telephone	Telephone	
C)	Training dates	: Please list any dat	es you are NOT available	e for the program	
	From	То			
	From	То			
	From	То			

A) Dates of Employn	nent (CURRENT EMPL	OYMENT)	
From:	To: Present	Organization Name	Supervisor's Name
		Number & Street	Supervisor's Telephone
Title of Position:		Town or City	Organization Telephone
		Country and Post Code	
	place of employment a ck of the page if neces	and your duties and respon sary).	sibilities:
B) Dates of Employn	nent		
From:	Го:	Organization Name	Supervisor's Name
		Number & Street	Supervisor's Telephone
Title of Position:		Town or City	Organization Telephone
		Country and Post Code	

Description of your place of employment and your duties and responsibilities

IV. EMPLOYMENT: (Start with current employment)

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V. TRAINING BENEFITS:	
How will your employer use	your training when you return from the United States?
VI. SUPERVISOR'S RECOMM	TENDATION FOR APPLICANT'S TRAINING:
Please have your supervisor	complete the following questions. Provide an English translation if necessary.
A) What do you want the a	pplicant to learn while in the United States for training?
B) How will the applicant's t	raining be used by the organization when he/she returns from the United States?
Thank you.	
	Signature
	Title
	 Date

VII. ACADEMIC EDUCATION AND TRAINING EXPERIENCE

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Name of Institution	Field of Study	Dates Attended	Degree & Date Completed	Language of Instruction

B) Training: (List additional training in home country).

Field of Study	Dates	Language/Place of Instruction

C) Additional Training in Other Countries:

Field of Study	Dates	Language of Instruction	Country

Awards, Honors, Scholarships Received, Publications, Professional Memberships:

VIII. LANGUAGES

(Please indicate **ENGLISH** capabilities in first line, additional languages on remaining lines).

Little to none	Understands but requires interpretation	but requires interpretation for complex	Does not require interpretati		Fluent
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English

Speaking

Reading

Writing

Other Languages

IX. NAME AND ADDRESS OF PERSON TO CONTACT IN CASE OF EMERGENCY:

(Name)	(Home Telephone)	
Relationship:		
	(Mobile Telephone)	
(# Street)	(Email Address)	
(City or Town)		
(Country and Post Code)		
V ATTACHMENTS		

X. ATTACHMENTS

Please include with your application the following attachments:

- 1.) 2 passport photographs
- 2.) 2 letters of recommendation
- 3.) Signed Conditions of Training
- 4.) 1 photocopy of International Passport

COCHRAN FELLOWSHIP PROGRAM CONDITIONS OF TRAINING

Name of Fellow	
	(FAMILY NAME, Given name, Other names)
Country	

If I am accepted to receive technical training under the U.S. Department of Agriculture (USDA) Cochran Fellowship Program, I agree to adhere to my arranged program, to devote my time and attention to my studies and/or practical training, and to conform to Cochran Program regulations and procedures for the duration of my training program. Upon my return, I agree to provide feedback to training providers and FAS staff as requested. I will not seek extension of the period of my program but will return to my country without delay upon completion of my training acquired under this program. I also agree to conform to all laws of the United States.

Furthermore, I thoroughly understand the following requirements and policies of the Cochran Fellowship Program:

I. Dependents:

USDA does not permit family members to accompany or join a Fellow while he/she is in training.

II. Attendance of Fellows at Conferences and Meetings:

Attendance of fellows at national or international conferences, conventions or meetings of professional, trade, or other associations is not permitted unless such attendance is a part of the Cochran Fellowship training program.

III. Conditions for Termination of Training Programs:

USDA reserves the right to terminate the training program of those Fellows who:

- A. Change the course of study or depart the program without authorization from the USDA/Cochran Fellowship Program.
- B. Fail to show sufficient interest in or to pursue effectively their training program.
- C. Have severe mental or physical health problems.
- D. Conduct themselves in a manner prejudicial to the program or to the laws of the United States.
- E. Marry during training without securing prior USDA approval.
- F. Have in any way falsified information on the application and/or supporting documents.
- G. Not compliant with Two Year Residence Requirement for DS 2019 SEVIS Program.

IV.	Travol	١.
ıv.	Travel	١.

If selected, the applicant, their institution, or other sponsor assumes financial responsibility for *air* travel to and from Washington, D.C. or their specified arrival/departure site. Fellows are not permitted to rent or drive vehicles during their Cochran Fellowship Program

V. Financial Support:

The applicant is aware that the financial support provided by the USDA Cochran Program is for training fees, emergency medical insurance, domestic transportation, lodging and food <u>only</u>. The daily maintenance allowance is based on U.S. Government Service Administrates rates and is adequate for modest lodging and food. USDA does not fund any expenses related to family members accompanying the Fellow.

The Cochran Fellowship program does NOT cover the cost of international airfare. Please initial here to indicate you understand this requirement. _____

Do you have guaranteed/approved funding from your company or organization? Yes__ No__

VI. Health and Insurance:

It is a requirement before arrival in the United States that every Fellow has a physical examination and be determined to be in good health. Proof of medical fitness (a signed letter from a medical doctor within 1 month of the program start date) is required before you will be allowed to travel to the United States as a Cochran Fellow. The insurance provided to the Fellow while in the United States will cover only EMERGENCY medical care and DOES NOT cover pre-existing conditions, prescriptions, dental or optical work. In addition, the Fellow may be responsible for paying the established deductible (\$100.00) for each occurrence. I understand that USDA and its training providers are not responsible for any costs related to medical care while in the United States.

VII. Debts and Obligations:

The Fellow will be responsible for all debts and financial obligations incurred while in the United States.

VIII. Two-year Home-Country Physical Presence Requirement:

When you agree to participate in an Exchange Visitor Program and your program falls under the conditions explained below, you will be subject to the **two-year home-country physical presence** (foreign residence) requirement. This means you will be required to return to your home country for two years at the end of your exchange visitor program. This requirement under immigration law is based on Section 212(e) of the Immigration and Nationality Act.

Two-year Home-Country Physical Presence Requirement Conditions - An exchange visitor is subject to the two-year home country physical presence requirement if the following conditions exist: Government funded exchange program - The program in which the exchange visitor was participating was financed in whole or in part directly or indirectly by the U.S. government or the government of the exchange visitor's nationality or last residence.

For additional information for this requirement, please visit: http://travel.state.gov/visa/temp/types/types_1267.html#twoyear

Signature below	indicates agreement to and understanding of the	ne above conditions.	
_			
	Applicant's Signature	Date	

PHOTO CONSENT/RELEASE

I hereby consent to the royalty-free use by the United States Department of Agriculture (USDA) of photograph(s) taken of me by employees/representatives of the USDA Office of Communications, Photography Services Division, and of any reproduction of the photograph(s) in any form, in any media, for any purpose in connection with USDA, world-wide, free and clear of any claim whatsoever on my part.

I also consent to the use with the photograph(s) of my name and any comments I may have made at the time of the photograph(s), including the editing thereof.

Furthermore, I understand that this consent includes consent to USDA to use the photograph(s), with or without my name and any comments, for educational, promotional, and outreach purposes, and to use alone or in conjunction with other types of material, including use on the Internet and other means of public display.

I hereby release the United States, its officers, and employees from liability for any violation of any right I may have in connection with the foregoing use.

I hereby waive any right of inspection or approval of the photograph(s) or of the use that may be made of the photograph(s), my name, and my comment(s).

I am of legal age.

Signature	Date	
(Please Print)		
Name	Telephone No	
Address		

2018 Cochran Fellowship Program Applicant Bio

Name:					
First		Last			
Place of Residence:					
	City		Country		
Title:					
Company/Organizat	ion:				
Description of employer	r and applicant duties and	responsibilities:			
Specific technical subjec	ets tonics courses and/or	fields the applicant is in	terested in:		
25 teenmear subject	its, topics, courses and, or	• •	terestea iii.		
25	ics, topics, courses unayor		terested iii.		
	es, topics, courses unayor		terested III.		
Education	es, topics, courses unayor		terested III.		
Education			Degree & Da		
	Field of Study	Dates Attended			
Education			Degree & Da		
Education			Degree & Da		
Education			Degree & Da		
Education			Degree & Da		
Education Name of Institution		Dates Attended	Degree & Da		
Education Name of Institution	Field of Study Understands	Only requires interpretation	Degree & Da		Langu
Name of Institution English Language skills	Field of Study Understands	Only requires interpretation	Degree & Da Completed	d	
Name of Institution English Language skills	Field of Study Understands but requires	Only requires interpretation for complex	Degree & Da Completed	d	
Education Name of Institution English Language skills Little to no	Field of Study Understands but requires	Only requires interpretation for complex	Degree & Da Completed	d	

Writing